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CONFIRMATION NO. 6541

<b>SERIAL NUMBER</b> 10/083,810	<b>FILING OR 371(c) DATE</b> 02/27/2002 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> 1001.1495101	
<b>APPLICANTS</b> Joseph Garner, Maple Grove, MN; Matthew L. Young, Mound, MN; Andrew Forsberg, Minneapolis, MN; Louis Ellis, St. Anthony, MN; Gary Hendrickson, Big Lake, MN;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/272,657 03/01/2001 <i>Go</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>none Ob</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/20/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and Acknowledged <i>Chen</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 18	<b>TOTAL CLAIMS</b> <del>20</del> 12	<b>INDEPENDENT CLAIMS</b> <del>7</del> 2
<b>ADDRESS</b> 28075					
<b>TITLE</b> Intravascular filter retrieval device having an actuatable dilator tip					
<b>FILING FEE RECEIVED</b> 1368	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		